| | Substitute for Form PTO-675 Effective December 8, 2004 | | | | | | | Application of Docket Number | | |
|---|--|--|------------------|-----------------|-------------|------------------|-----------------|------------------------------|-----------------------|--|
| ٠. | API | PLICATION AS FILED | - PART I | | | | 120 | 2100 | HPX | |
| | FOR | (Column 1) | (Column 2) | | SMAL | LENTITY | OR | OTHER THAN SMALL ENTITY | | |
| | BASIC FFF | NUMBER FLED | NUMBER EXTRA | 71 | RATE (S) | 7 | | | | |
| | SEARCH FEE | N/A | N/A | 71 | NA | 150.00 | | RATE (1) | FEE (8) | |
| | EXAMINATION FEE | NA | NIA | 71 | , N/A | \$250 | | HIA | 300,00 | |
| | (37 CFR 1 16(0), (p), or (q)) TOTAL CLAIMS | NA | N/A | 7 t | N/A" | | | NIA | \$500 | |
| | DI OFR 1 16(1) | minus 20 e | | 11 | X\$ 25 | \$100 | OR | N/A | \$200 | |
| | (3) OFR 1 16(h)) | , minus 3 a | | 4 F | X100 | | | X\$50 . | | |
| | APPUCATION SIZE | If the specification and sheets of paper, the ap | entity) for each | 1 F | | | | X200 . | 1 | |
| | (37 OFR 1 16(4)) | additional 50 sheets | | Ш | | 1 | | | | |
| | MULTIPLE DEPENDENT CI | | _ | | | - 1 | | | | |
| - 1 | ै में the dëference in column 1 | ()) | | 180- | | F | +360- | · · · · · · | | |
| | APPLICATION | | TOTAL | | <u> </u> | TOTAL | - | | | |
| k | APPLICATION AS AMENDED - PART II SUS AMENDED - PART II | | | | | | | | | |
| Ţ. | CLAIMS (Column 3) SA | | | | | TITY | DR . | OTHER T | HAN | |
| | AFTER AMENDMENT PREVIOUSLY EXTRA RATE (\$) ADDI- TOTAL TOTAL RATE (\$) AMENDMENT PAID FOR THOMAL RATE (\$) | | | | | | | SMALL EN | אַזוּץ | |
| | | | | | | | | ADOI- TIONAL | | |
| 1 2 | Independent Officer (.19A)) Minus | | | | X\$ 25 . OR | | | XXX50 FEE (3) | | |
| | (37 CFR 1 16(s)) | | | | 0 . < | OR OR | 100 | 00 | | |
| - | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,160) | | | | | $\sum_{i=1}^{n}$ | | = | | |
| | - | | (3. (3. (1.100)) | +180 | | OR | +36 | 50 - | | |
| - | (Column | 1) (0-1) | | ADO L | FEE · | OR | ATOTA J'OCIA | L. FEF | | |
| ထ | , ACIARATAL | NG HIGHEST | | | · | | | | | |
| ENT | AFTER AMENDME | NUMBER PREVIOUS PAID FOR | LY EXTRA | RATE | | DI- | RATI | E (5) | | |
| ğ | DT CFR E. ISCH | Minus ** | | VA | TIO | (5) | | TIC | DOI- XNAL E (8) | |
| AMENDM | OTOTA 1.16(N). | Minus ••• | 1.0 | X\$ 25 X100. | | OR | X\$50 | | =10/ | |
| 3 | Application Size Fee (37 CFR 1.16(s)) | | | | | OR : | X200 | | | |
| | TRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.16@) +18 | | | | | - | | | | |
| OR +360a | | | | | | | | | | |
| ADD'L FEE OR TOTAL | | | | | | | | | | |
| The Winter Previously Paid For IN This Co. and 20, enter 20. | | | | | | | | | | |
| TO to process) an application. Confidentialist to | | | | | | | | | | |
| No amount of the public which to the public which | | | | | | | | | | |
| be smount of time you require to complete this form and/or suggestions form to the USPTO. Time will vary depending upon the individual case. Any comments freedoment Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS | | | | | | | | | | |
| If you need assistance in completing the form cell 1 am one | | | | | | | | | | |

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.